



Individual Development Account Program (IDA) Participant Application

Checklist of Documents Needed for the IDA Program

PLEASE: DO NOT send the application WITHOUT the following documents
*****Incomplete applications WILL NOT BE PROCESSED*****

REQUIRED DOCUMENTS

DATE: ____ / ____ / ____

- ☐ Complete Application
- ☐ Driver's License or Picture ID
- ☐ 3 most current pay stubs for self and ALL other household members
- ☐ Social Security Card or I-TIN # for self and ALL other household members
- ☐ I-94 Card, Resident Card or Matricula Consular for self and ALL other household members
- ☐ Verification of ALL household income – SSI, SS, Child Support, etc.
- ☐ Proof of residence (water, electricity bill, or lease agreement)
- ☐ Copy of your Credit Report and Score (Needed for Home Buying Program and Vehicle Purchasing Program)
- ☐ Prior Year W-2 Forms for self and ALL other household members
- ☐ Most current year Tax Return for self and ALL other household members
- ☐ Most recent 1099 Form if self employed
- ☐ Investment statements (401k, Pension, etc.)
- ☐ Copy of most current checking and saving balance statements
- ☐ Declaration of Income (applicable only if someone in the household is not working and is over 18 yrs old)

*****Please make sure all these documents have current dates and that all copies are clear and readable. Unclear or missing documents will delay your application process and approval.***

****Please do NOT send original documents, COPIES ONLY****

Submit all your documents and application to one of the following:

Mail:	Fax:	E-mail
IDA Program 1325 N. Flores, Ste. 114 Attn: IDA Program San Antonio, TX 78212	(210) 207-5914	Pamela.D.Smith@sanantonio.gov Phone (210) 207-5916 Humberto.Garcia@sanantonio.gov Phone (210) 207-2836 Julissa.Mendoza@sanantonio.gov Phone (210) 431-7505

Thank you for your interest in the IDA Savings Program!



Individual Development Account Program Participant Application

All information requested on this application form will be kept confidential

Referring Agency: _____

Date: ____/____/____

Personal Information

Name: _____ Last: _____ Suffix: _____ SSN: _____ - _____ - _____

Street: _____ Apt #: _____ CD: _____ Email: _____

City: _____ State: _____ Zip Code: _____

Home Ph: () - Work Ph: () - Ext: _____ Cell: () -

Head of Household: ☐ Yes ☐ No Gender: ☐ Male ☐ Female Date of Birth: ____/____/____

Currently Eligible Currently Receiving Have Ever Received
TANF: ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No Number of Adults in Household: _____
EITC: ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No Number of Children in Household: _____
Total Number in Household: _____

Marital status: ☐ Married ☐ Single (never married) ☐ Separated ☐ Divorced ☐ Widowed

Ethnicity: ☐ African American ☐ Caucasian ☐ Native American
☐ Latino or Hispanic ☐ Asian, Pacific Islander ☐ other (please specify): _____

Highest Level of Education Completed:

☐ Grade K – 5th ☐ Grade 6th – 8th ☐ Grade 9th – 12th ☐ High School Diploma / GED
☐ Some college ☐ Associates Degree ☐ Bachelors Degree ☐ Attended graduate school

Emergency Contact Information

Please list a relative or friend who would definitely know how to contact you, even if you move:

Name: _____ Relationship: _____ Phone: () -

Street: _____ Apt # _____ City: _____ State: _____ Zip: _____

Household Information

Total # of Household Members residing in address listed above: _____

Name of Adult(s) (excluding self)	Relationship to Applicant	Employer Name	Date of Birth

List Ages of children less than 17 yrs: _____

What is the primary language spoken in your household? _____

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Employment Information

Primary Employment Status (choose one):

- ☐ Employed more than full-time (overtime or more than one job, for yourself or others)
- ☐ Employed full-time (for yourself or others)
- ☐ Employed part-time (for yourself or others)
- ☐ Student working part-time
- ☐ Student working full-time

Employer: _____ Supervisor: _____ Phone: () - _____

Street: _____ City: _____ State: _____ Zip: _____

Income Information

How many persons in the household are employed? _____

Method of Employment
Only one method per person

1st Person Employed

2nd Person Employed

3rd Person Employed

Employed (Paid Hourly)	\$ _____ Hrly _____ hrs p/wk	\$ _____ Hrly _____ hrs p/wk	\$ _____ Hrly _____ hrs p/wk
Employed (Paid Salary)	\$ _____ Bi-wkly/bi-mthly	\$ _____ Bi-wkly/bi-mthly	\$ _____ Bi-wkly/bi-mthly
Employed (Paid Salary)	\$ _____ Mthly/Yearly	\$ _____ Mthly/Yearly	\$ _____ Mthly/Yearly
Employed (Paid 1 st & 15 th)	\$ _____ 1 st _____ 15 th	\$ _____ 1 st _____ 15 th	\$ _____ 1 st _____ 15 th
Gross Employer Income/YR:	\$ _____	\$ _____	\$ _____

Additional Income Information

Additional Monthly Income for all household members - please list gross income (before taxes):

Non-Employer Income

1st Income

2nd Income

3rd Income

Alimony*	\$ _____	\$ _____	\$ _____
Child Support*	\$ _____	\$ _____	\$ _____
SSI/SSDI*	\$ _____	\$ _____	\$ _____
Food Stamps*	\$ _____	\$ _____	\$ _____
Social Security	\$ _____	\$ _____	\$ _____
Unemployment Benefits	\$ _____	\$ _____	\$ _____
Veteran's Benefits	\$ _____	\$ _____	\$ _____
Pensions or retirement income	\$ _____	\$ _____	\$ _____
Self-Employment Income	\$ _____	\$ _____	\$ _____
Investment income	\$ _____	\$ _____	\$ _____
Other (Specify :)	\$ _____	\$ _____	\$ _____
Total Non-Employer Income/YR:	\$ _____	\$ _____	\$ _____

*Not used for eligibility determination, for informational purposes only

Individual Development Account Program Participant Application

Assets and Liabilities

****Please answer all the questions**

Do you own a home? ☐ Yes ☐ No Value: \$ _____ Debt Owed \$ _____

Do you own a business? ☐ Yes ☐ No Value: \$ _____ Debt Owed \$ _____

Do you own any other property or land? ☐ Yes ☐ No Value: \$ _____ Debt Owed \$ _____

Address: _____

Do you own stocks, bonds, 401k, or investments? ☐ Yes ☐ No Value: \$ _____ (Attach Current Statement)

Do you have a checking account? ☐ Yes ☐ No Value: \$ _____ (Attach Current Statement)

Do you have a savings account? ☐ Yes ☐ No Value: \$ _____ (Attach Current Statement)

Do you own a vehicle? ☐ Yes ☐ No Value: \$ _____ Debt Owed \$ _____

Year: _____ Make: _____ Model: _____ Mileage: _____

Do you own any other vehicles? How many? _____ ☐ Yes ☐ No Value: \$ _____ Debt Owed \$ _____

Do you have outstanding bills due? ☐ Yes ☐ No Debt Owed \$ _____

Do you have student loans? ☐ Yes ☐ No Debt Owed \$ _____

Do you have medical bills due? ☐ Yes ☐ No Debt Owed \$ _____

Do you have a balance on credit cards? ☐ Yes ☐ No Debt Owed \$ _____

Do you have any payday loans outstanding? ☐ Yes ☐ No Debt Owed \$ _____

Do you have any other debts or personal loans? ☐ Yes ☐ No Debt Owed \$ _____

Financial Status

What is your Credit Score? _____ As of When? ____/____/____

Have you ever used direct deposit for your paycheck? ☐ Yes ☐ No

Have you had repossession? ☐ Yes ☐ No If So, When: _____

Have you had a foreclosure? ☐ Yes ☐ No If So, When: _____

Have you declared bankruptcy in the last ten years? ☐ Yes ☐ No

Have you defaulted on a checking or savings account? ☐ Yes ☐ No If So, When: _____

Do You and/or Members of Your Family Receive Health Insurance or Medical Assistance?

☐ No ☐ Yes, if so what kind: _____

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Total Gross Annual Income/Year: \$ _____ \$ _____ \$ _____

Documentation Method: _____

As of Date: ____/____/____ ____/____/____ ____/____/____

Total AFI Assets: \$ _____ Total AFI Debts: \$ _____ AFI Net Worth: \$ _____

Total Assets: \$ _____ Total Debts: \$ _____ Total Net Worth: \$ _____

**Individual Development Account Program
Participant Application**

Applicant Asset Goal

What is your asset goal (select only one)?

☐ **Working Family Vehicle Purchase Program** (*funded by Ford Vehicles*)

☐ **Homeownership** (*First time homeowners*)

☐ **Small Business**, *Type of Business:* _____

☐ **Education**, *Name of School or Institution:* _____

Are you able to deposit at least \$25 per month?

☐ Yes

☐ No

Have you ever participated in IDA before?

☐ Yes

☐ No

If YES when? ____/____ Grant # ____

How did you hear about the IDA Program? (Select one)

☐ Family/Friend

☐ School

☐ Community Agency: _____

☐ City of San Antonio

☐ Work

☐ Other: _____

Applicant Certification

The undersigned certifies that all of the information provided is true and complete. Any discrepancies or omissions found later may disqualify me from participation in the program. The undersigned authorizes the Department of Community Initiatives to verify any and all information provided including, but not limited to, employment history, rental history, and sources of income and household size as needed to determine eligibility for the Individual Development Account Program (IDA Program). My signature below certifies that all information provided on this application is accurate and complete to the best of my knowledge.

Applicant's Signature _____

Date _____

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Date received: _____

Application reviewed by: _____

Household Income: _____

Min. Income Level: _____

Household Size: _____

Max Income Level: _____

Grant: _____

Calculated PL: _____ %

☐ **Pending**, Date: _____

☐ **Denied**, Date: _____

☐ **Waitlist #** ____ Date: _____

☐ **Approved by** _____

Date _____

Management Approval

Comments or Calculations: